



ALASKA TEAMSTER-EMPLOYER
SERVICE CORPORATION

August 3, 2010

AllMed Health Care Management
621 SW Alder Street, Suite 740
Portland, OR 97205

520 E. 34TH Ave., Suite 107

Anchorage, AK 99503-4116

907-565-8300

Fax 907-565-8388

benefits@959trusts.com

Re: Olsen, Justin

Greetings:

The Alaska Teamster-Employer Welfare Trust is requesting an independent review for medical necessity for TMJ surgery.

Please review all of the enclosed documentation.

The Plan would like to know:

- 1) Is Right TMJ reconstruction with total joint prostheses medically necessary for this patient?
- 2) Will the patient's jaw pain be eliminated with surgery?

Please contact me at 907-565-8320 if you have any questions.

Respectfully,

ALASKA TEAMSTER-EMPLOYER
WELFARE TRUST



Dennie Castillo
Trust Customer Service



621 SW Alder Street, Suite 740
Portland, OR 97205

Phone: (503) 274-9916 or (800) 400-9916
Fax: (503) 223-6244



ACCREDITED
INDEPENDENT REVIEW

Independent Medical Review Request Form

Date 08 , 03 , 10

No. of Pages Including Cover Sheet

From: Dennis Castillo
Company: Alaska Teamster-Employer
Welfare Trust

Phone: 907-565-8320
Fax: 907-565-8338

Email: denniec@959trusts.com

Patient Name: Justin Olsen

Grp ID: 9591-3757

Member Name: Justin Olsen

SS#:

- Attached is additional information requested by AllMed.
 - Attached is additional information sent by Client.
 - Previous review completed by AllMed? Date of last review: _____ / _____ / _____

Reviewer Request:

- #### In-House Physician

- Peer Specialist Review
Please list type of specialist:

Time Request:

- Non-Expedited Review
(3-7 business days)

- Expedited Review
(24-48 hours)

Review Type:

- Medical Necessity
 - Multiple Surgery Billing
 - Cosmetic Surgery
 - Pre-existing Condition:
Effective Date: ____/____/____
 - Other

- Disability Determination
 - Dental
 - Over-utilization
 - Experimental/Investigational
 - Administrative

Review Question (Please be specific):

Is right TMJ reconstruction w/ total joint prostheses
medically necessary for this patient?
Will patient's pain be eliminated w/ surgery?

Please provide clinical info/medical history (Use additional page if needed): All medical records are attached for your review.

Confidentiality Note:

THE DOCUMENTS ACCOMPANYING THIS FAX TRANSMISSION MAY CONTAIN INFORMATION, WHICH IS CONFIDENTIAL AND/OR LEGALLY PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUALS OR ENTITIES NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION REGARDING THE CONTENTS OF THIS FACED INFORMATION IS STRICTLY PROHIBITED AND THAT THE DOCUMENTS SHOULD BE RETURNED IMMEDIATELY. IN THIS REGARD, IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY ALLMED IMMEDIATELY.

Additional Note: If you have received a diskette with a working copy of this form, please notify AllMed before any changes are made.

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LARRY M. WOLFORD, DMD

Oral and Maxillofacial Surgery

March 31, 2010

PATIENT NAME: Justin Olsen
INSURED NAME: Justin Olsen
GROUP NUMBER: 9591
MEMBER'S ID: 959103757
DIAGNOSIS DATE: March 17, 2010

To Whom It May Concern:

I am submitting a letter of preauthorization for my patient, Justin Olsen. He was referred to me for diagnosis and correction of the following problems:

- | | |
|------------------------|--------|
| 1. Right TMJ arthritis | 714.30 |
| 2. Pain | 784.00 |

An additional required procedure for the design and construction of the TMJ total joint prostheses, for this patient, is:

- | | | |
|------------------------------------|-------|-------------|
| 1. CT scan (TMJ Concepts protocol) | 70488 | \$ 2,000.00 |
|------------------------------------|-------|-------------|

The surgical procedures necessary to correct these problems are as follows:

- | | | |
|----------------------------------------------------------------------------------|----------|--------------|
| 1. Right TMJ reconstruction with total joint prostheses
(TMJ Concepts system) | 21243 | \$ 16,000.00 |
| 2. Abdominal fat graft to bilateral TMJs (includes harvesting) | 15770 | \$ 2,300.00 |
| 3. Application of maxillary and mandibular arch bars | 21110-50 | \$ 4,000.00 |
| 4. CT evaluation | 76380 | \$ 2,050.00 |
| 5. Presurgical evaluation | 99244 | \$ 485.00 |
| 6. Cephalogram | 70350 | \$ 150.00 |
| 7. Panorex | 70355 | \$ 145.00 |
| 8. Tomograms | 70330 | \$ 330.00 |
| 9. Hospital admission | 99222 | \$ 355.00 |
| 10. Discharge | 99239 | \$ 345.00 |
| 11. Hospital visits | 99233 | \$ 500.00 |

Those fees are current and subject to change without notice. This letter is not considered a contract but an estimate of charges. The diagnosis and treatment codes are also subject to change over the course of treatment and/or surgery.

⑨ never had braces -
⑩ no -

SAMMONS TOWER • 3409 WORTH ST. • SUITE 400 • DALLAS, TX 75246 • (214) 828-9115 • (972) 263-2165 • FAX (214) 828-1714

RECEIVED APR 10 2010
Quality Appeals
800-949-7546
26509191
EXHIBIT 10
Page 3 of 100

RE: Justin Olsen
March 31, 2010
Page 2

The patient will be hospitalized at Baylor University Medical Center as an inpatient for approximately three days. Baylor Hospital will bill the insurance company \$14,500.00 per side for each prosthesis. A physician anesthesiologist and hypotensive anesthesia will be necessary.

In order that our patient's family may fully understand their financial responsibilities, we request that you inform us, in writing, as to the benefits and coverage under the current insurance contract. Also, please inform us as to the patient's deductible, out-of-pocket expense, and if these fees are within your reasonable and customary limits.

The surgical treatment is performed for the correction of the functional problems associated with temporomandibular joint pathology (severe bilateral arthritis), severe TMJ pain, headaches, myofascial pain, and masticatory dysfunction.

If further information is necessary, please contact this office.

Sincerely,

Larry M. Wolford, DMD

LARRY M. WOLFORD, DMD

LMW:lw

Find out if this is 4/13/10
a congenital anomaly Eve 4/15/10
then scan to Jick. no flu
no 1. orthodontia -
no 2. congenital anomalies - verification
for doc
to go back.

JUSTIN OLSEN

03/12/2010

Justin is 27 years old. Justin had a right condylar hyperplasia probably type 2 that was resected at age 11 years. He has done well since that time until more recently. He was diagnosed with a pituitary tumor which was removed in August 2007. He was on prednisone until November 2007. Then his jaw started hurting and he developed daily headaches on the right side. He rates his daily headaches at a level of 7 in the frontal, temporal, posterior, and on the top of the head. He rates his TMJ pain at 7, average daily pain at 5, jaw function at 1, diet at 1, disability at 0. He has no trouble with earaches, tinnitus, nor vertigo. No other joints bother him. He is not aware of clenching or bruxism. He takes the following medications:

1. Diazepam.
2. Magnesium citrate.
3. Unisom sleep tabs.
4. Prilosec.

RADIOGRAPHIC EVALUATION. Panorex shows the absence of all four third molars. He appears to have a Class I cuspid relationship on the left side and Class II end-on cuspid relationship on the right side. The left condyle looks relatively normal in size and shape. The right condyle is quite short and stumpy being very short vertically and broad anteroposteriorly. The articular eminence is flat. The condyle functions anterior to the fossa on the flattened articular eminence area. The vertical height of the ramus on the right side appears short vertically.

TMJ sagittal view radiographs show that the left condyle has relatively normal morphology, although somewhat posteriorly positioned in the fossa with some slight anterior beaking. Articular eminence has a moderate inclination.

Right sagittal view shows extreme flattening on the top of the head of the condyle with cortical bone on the top. There is decreased joint space between the condylar head and the articular eminence. The articular eminence is quite flat and broad in an anteroposterior dimension. It has a relatively shallow slope to it.

Coronal view left TMJ shows a broad condylar head with decreased vertical joint space particularly at the lateral aspect of the joint. The lateral rim of the fossa is fairly flat.

Right TMJ coronal view shows a flattened condylar head with significant loss of vertical volume. The condyle is functioning anterior to the fossa area on the articular eminence. There is a medial extension that provides reasonably good interface. The joint space is quite narrow vertically.

Lateral cephalometric radiograph shows that there is a vertical difference in the occlusal plane by probably 2 to 3 mm. The inferior border of the mandible on the right side is shorter than the left side by probably 2 to 3 mm. Oropharyngeal airway looks normal. The patient appears to have a Class I skeletal and occlusal relationship, although slight Class II occlusion on the right side.

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APR 1 2011

JUSTIN OLSEN

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03/12/2010

Dental model analysis confirms that there is a Class I occlusion on the left side, Class II end-on on the right side, and the mandibular dental midline has shifted towards the right 2 to 3 mm.

Primary concerns the patient has include the following:

1. Jaw pain on the right side.
2. Right sided headaches including the top of the head and the forehead.
3. Face pain and pressure in both cheeks.
4. Eyes burn.
5. Pain behind right eye.

I suspect that there is probably no articular disc on the right side. Probably the surgery involved opening the mouth significantly to get to the pituitary gland likely through a Le Fort I osteotomy, although there are no plates or wires seen on the x-rays. However, it is possible that the joint may have been stressed resulting in the subsequent current pain issues.

Basic diagnoses would be as follows:

1. Right TMJ arthritis.
2. Right TMJ pain.
3. Right sided headaches and myofascial pain.

Recommended treatment would be:

1. CT scan of jaws and jaw joints.
2. Surgery.
 - a. Right TMJ reconstruction with TMJ Concepts total joint prostheses.
 - b. Right TMJ fat graft (harvest from the abdomen).
 - c. Arch bars if orthodontic appliances are not applied.

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APR 5 2010

JUSTIN OLSEN
DATE OF BIRTH: 06/17/1982
AGE: 27

03/10/2010

The patient previously was diagnosed with unilateral right condylar hyperplasia and on April 15, 1994, had a condylectomy performed on the right TMJ. He apparently has had no other surgical procedures to the jaws. The primary concerns that he has at this time are as follows:

1. Jaw pain right side.
2. Headaches right side and top of head as well as in the forehead area.
3. Facial pain and pressure in both cheeks.
4. Eyes burning and pain behind right eye.

He had a pituitary tumor removed in August 2007 and he was on prednisone until November 7. Then his jaw started to hurt and he got daily headaches on the right side and top of the head and forehead area since that time. The headaches occur daily and in addition he has moderate neck pain. He is not aware of clenching or bruxing at night. He has no trouble with earaches, ringing in the ears, or lightheadedness or dizziness. No other joints bother him. He rates his TMJ pain at 4, headaches at 7, and average daily pain around the head and neck area at 3. He rates his jaw function at 1, diet at 1, and did not rate his disability.

He takes the following medications:

1. Diazepam 5 mg tablets.
2. Magnesium 250 mg tablets.
3. Prilosec 25 mg.
4. Unisom sleeping tablet 1 tablet each night.

He is currently suffering from an upset stomach with the use of Tylenol with Codeine No. 3. He does not appear to have any significant airway issues, although he does have occasional loud snoring and moderate daytime tiredness. He does have some mild difficulties sleeping at night.

RADIOGRAPHIC EVALUATION. Panorex shows the absence of all four third molars, but the rest of the teeth are present. The right condyle is quite flattened and very short in vertical height secondary to previous surgery. There is cortical bone across the top of the condyle. The condyle has a mushroom shape to it. The articular eminence looks quite flat. The sinuses look relatively clear. The nasal septum looks good and turbinates appear relatively normal in size.

Left TMJ appears to have a relatively normal architecture. There is a little bit of anterior beaking on the condylar head. The joint space may be slightly decreased posteriorly. The articular eminence is moderately steep.

A&I RECEIVED
APR 9 2010

Right TMJ sagittal view shows a condyle that is postured somewhat forward in the fossa beneath the flattened articular eminence. The head of the condyle is quite flat. There is decreased vertical joint space at the anterior aspect of the condyle. The articular eminence is fairly flat.

JUSTIN OLSEN

2

03/10/2010

Left TMJ coronal view shows a condyle that has fairly good morphology and width, but there is probably decreased joint space on the anterior left side.

Right coronal view shows a condyle that is quite flattened with significant loss of vertical volume. It is fairly close between the fossa and the head of the condyle. There is good airway. He has a skeletal and occlusal Class I relationship. There is a slight vertical discrepancy at the occlusal plane level and inferior border of the mandible with the right side being shorter by about 3 mm.

Dental model analyses shows that he has a Class I cuspid-molar on the left side and a Class II end-on cuspid-molar relationship on the right side. The mandibular dental midline is shifted 2 mm off to the right side.

I suspect he had a low condylectomy performed and the articular disc is probably repositioned over the condyle.

Diagnoses:

1. Previously treated condylar hyperplasia of right mandibular condyle with low condylectomy.
2. Right TMJ pain.
3. Right-sided headaches.
4. Class II end-on occlusion on the right side and Class I occlusion on the left side.
5. Probable mild facial asymmetry with the chin shifted to the right (no photographs were available for evaluation).

Recommended surgery would be as follows:

1. Right TMJ reconstruction with TMJ Concepts total joint prostheses.
2. Fat graft to right TMJ.

A&I RECEIVED
APR 5 2010

JUSTIN OLSEN

03/17/2010

Telephone conversation with Justin Olsen. He has pain in right TMJ area. He gets pain down through the right side of his neck and shoulder area and jaw area. He has splints that he wears at night. He generally wakes up with headaches, then they get a little bit better, but they then recur later in the day. I suspect he is probably clenching at night. His wife says that he looks fairly symmetric and from the front you would not know that there was any problem. As he opens, he does deviate towards the right side. Apparently, he has good jaw opening as they have been told that his opening is better than normal. He gets headaches predominantly on the right side. He has a neurologist that helps manage his conditions. Diagnoses would be as follows:

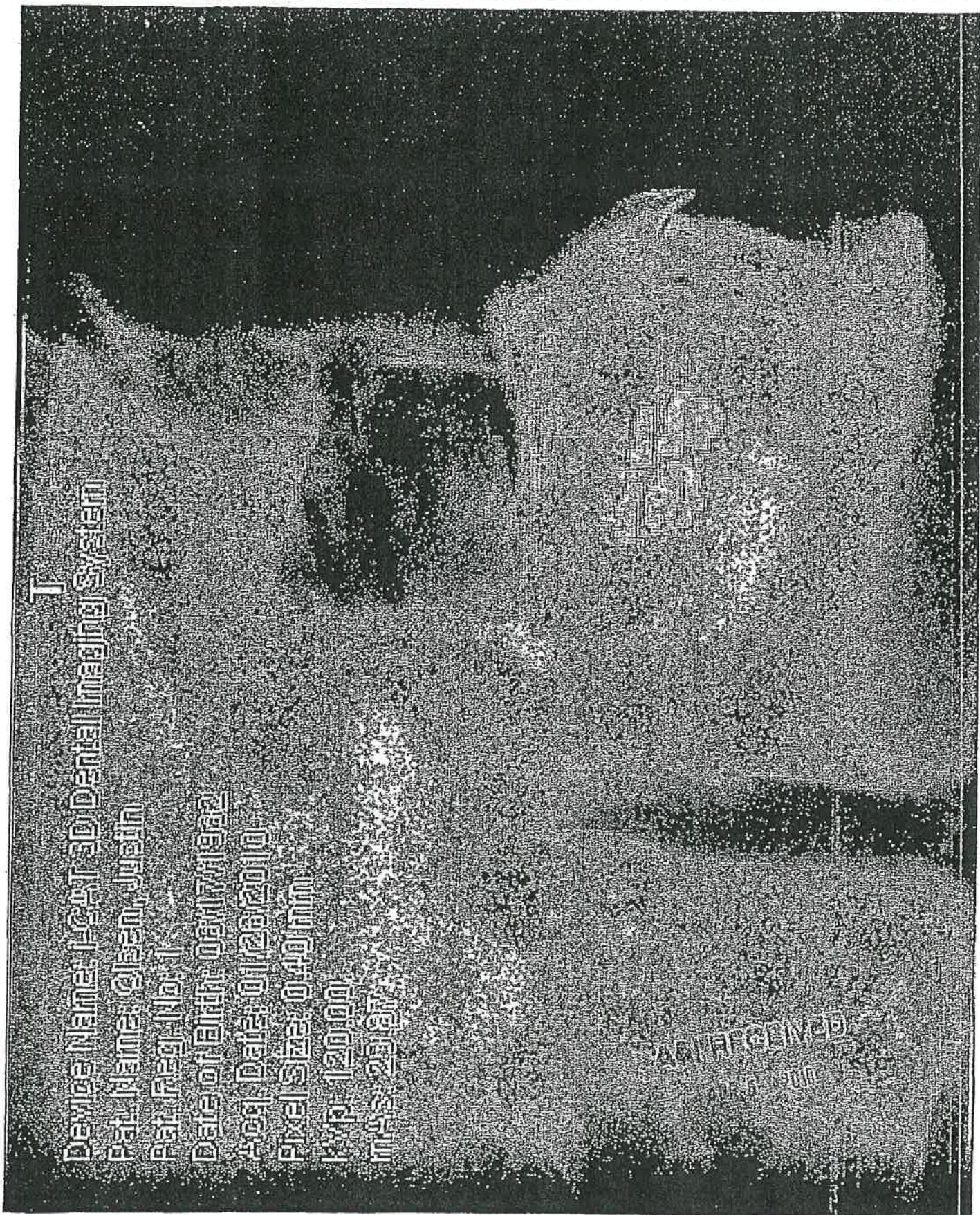
1. Right TMJ arthritis.
2. Right TMJ pain.
3. Right sided headaches.
4. Right side myofascial pain through the head, jaws, neck and shoulder.

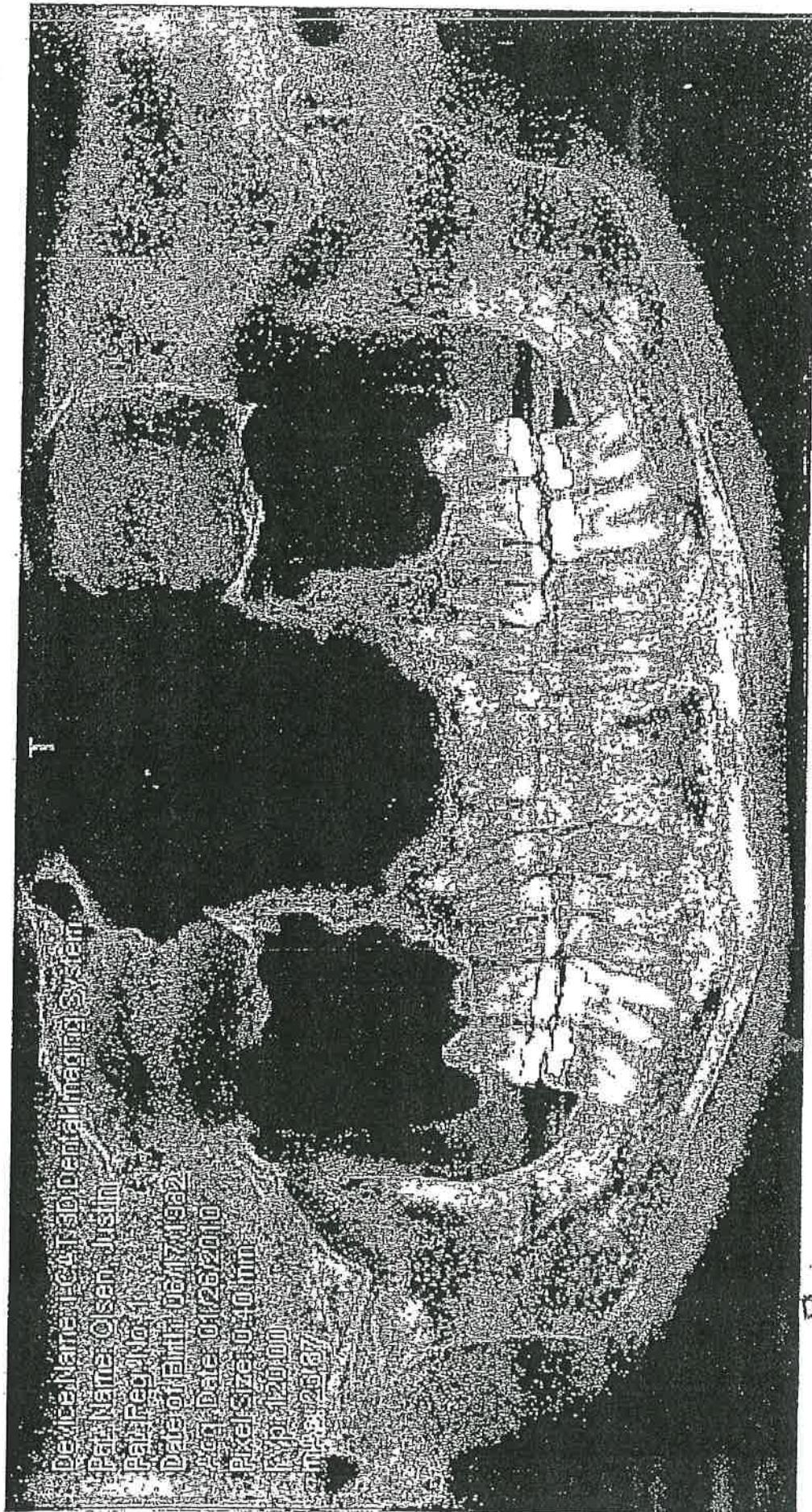
Recommended treatment would be as follows:

1. Klonopin 1 mg tablet 1 tablet q.h.s. for at least 1 month.
2. CT scan of jaws and jaw joints.
3. Surgery.
 - a. right TMJ reconstruction with TMJ Concepts total joint prostheses.
 - b. right TMJ fat graft (harvest from the abdomen).
 - c. Arch bars if orthodontic appliances are not applied.

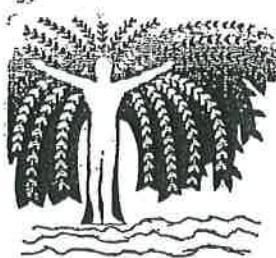
Justin is to call me in 1 to 2 weeks to let me know how he progresses on the Klonopin. They will contact the neurologist to provide that medication for him. I also discussed with him that if he needs to get off the medication if he has been on it for a while he will need to decrease the dosage by taking half tablets for a while and then quarter tablets and then stop. He understands. He is to call me in 1 to 2 weeks and let me know how he is progressing on the Klonopin.

A&I RECEIVED
APR 5 2010





Bevilaqua, Inc. - Standard Identification System
Name: Oscar Justin
Date: Feb 16, 1982
Date: 01/26/2010
Date: 01/26/2010



WILLOW PHYSICAL THERAPY, LTD.

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"Strength & Flexibility"

June 18, 2008

TYLER MOFFETT, MD
Dept. of Veteran Affairs
PO Box 74570
Fairbanks, AK 99707

Dear Dr. Moffett:

The following is a physical therapy report:

RE: JUSTIN OLSEN
DOB: 06/17/1982
DX: Temporomandibular joint disease

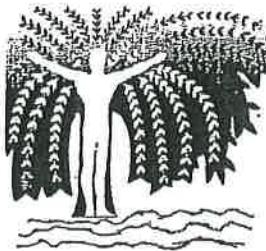
SUBJECTIVE:

Justin states he had a pituitary gland tumor removed on 08/28/07. The surgery was performed through his mouth, so he had his mouth open for five hours. He was put on Prednisone for two months after the surgery. One week after coming off the Prednisone he began having severe jaw pain and headaches. He states he had jaw surgery, at age 9 or 10, to shorten the bone on the right side to make his jaw level. He is now unable to touch his teeth together. He was not having any pain in his TM joint prior to the tumor removal. He thought his headaches were related to a sinus infection. This was ruled out by an ENT doctor. He was referred to a dentist last week and is seeing a specialist for TMJ tomorrow. No medication that he has taken has helped his headaches or jaw pain. Other history of trauma includes a motor vehicle accident where he was rear-ended while he was stationed in Germany in 2003 or 2004. He has also sustained some injuries from snowboarding. He has had problems with his neck hurting off and on since these incidents. If his neck pain is severe then he also gets a headache with it. He uses cold packs and heat to help his headaches. He has tried acupuncture which helped give temporary relief, but he is not able to afford paying out of pocket for continued treatment.

OBJECTIVE:

Structure:

- forward head and forward shoulder posture
- elevated left shoulder and left iliac crest in standing
- head is in a slight right bent position
- upslip of the right ilium
- general ligamentous laxity



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"Strength & Flexibility"

July 30, 2008

TYLER MOFFETT, MD
Veteran's Affairs
Fairbanks VA Medical Clinic
PO Box 74570
Fairbanks, AK 99707

RE: JUSTIN OLSEN
DOB: 06/17/1982
DX: Temporomandibular joint disease

Dear Dr. Moffett:

Justin has completed the 6 authorized physical therapy visits as prescribed by you, plus the initial evaluation. At his most recent visit, today, Justin reported having decreased severity of his pain in his jaw, as well as decreased headaches. He stated his headache today was in the back of his head and he had some neck pain as well, mostly on the right side. He stated his jaw was hurting throughout the day. He had been driving a water truck at work which had a lot of bouncing which increased his symptoms. Overall he is feeling good improvement.

He presented with increased tone of the right posterior cervical muscles, suboccipital muscles, muscles of mastication - the right is more severe than the left, as well as the right upper thoracic paraspinal muscles. He was treated with manual therapy for the involved musculature and his cervical spine, as well as ultrasound to the right muscles of mastication. He reported being symptom free after today's treatment, and has improved alignment of his mandible and an improved bite.

Justin has been instructed in a home program. Hopefully he will be able to address any residual symptoms with his home program. He was instructed to contact you if his symptoms worsen.

Thank you for this referral.

Sincerely,

Wendy Braat, PT
WB/kg

Page 2

June 18, 2008

RE: JUSTIN OLSEN

Active range of motion:

Cervical spine:

- 50% limitation in rotation bilaterally
- 30% limitation in right side bending

Mouth opening:

- 55mm, with deviation to the right at end range

Palpation:

- increased tone with tenderness of the posterior cervical muscles and suboccipital muscles, the right is more severe than the left
- increased tone of the right muscles of mastication
- tenderness of the right TM joint

GOALS:

- improve the mechanics of the cranivertebral and craniomandibular complex
- decrease pain and headaches
- increase cervical range of motion
- independence in a home program

TREATMENT PLAN:

- frequency/duration: 2 times a week for 6 weeks
- manual therapy
- therapeutic exercise
- modalities as needed
- TENS unit for home use / pain management
- instructions in a home program

Thank you for this referral.

Sincerely,



Wendy Braat, PT

WB/kg

Results

Page 1 of 1

RESULTS

NAME: OLSEN,JUSTIN,L MR #: 098870 ACCESSION #: MR-08-04880

DATE OF EXAM: 20080417 PHYSICIAN: MOFFETT TYLER MD

***** FINAL REPORT *****

(PROCEDURE) AT 1555 HOURS

Diagnostic Report:

Diagnosis:

FINAL REPORT

TECHNIQUE: Multplanar MRI of pituitary performed with and without gadolinium.

COMPARISONS: MRI dated 10/29/2007 and 8/3/2007

FINDINGS:

Operative changes relating to transsphenoidal resection of pituitary mass is unchanged compared to initial postoperative study. Residual pituitary tissue seen to the left of midline enhances homogeneously and no residual mass is identified. The infundibulum remains deviated to the left of midline, unchanged. CSF signal intensity fills much of the sella. The optic chiasm is unremarkable in appearance. There appears to be normal enhancement of the cavernous sinuses.

No abnormal intra-axial signal intensity. Diffusion weighted images are normal. There is no pathologic intra-axial or leptomeningeal enhancement. Major intracranial arteries and dural venous sinuses are patent. No mass effect or midline shift. Ventricles are appropriate in size and configuration.

Paranasal sinuses and mastoid air cells are clear. Deformity of the right mandibular condyle is again seen.

IMPRESSION:

1. Stable post operative changes of pituitary and sella. No recurrent mass identified. No new findings to report.

Accession Number: MR-08-04880

Dictated on: 04/17/2008 20:04:36

Interpreted by: Keir Fowler, MD

Transcribed By: Keir Fowler, MD at 04/17/2008 20:04:41

Signed By: 308 Keir Fowler, MD at 04/17/2008 20:06:57

EXHIBIT 1D
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Results

Page 1 of 1

RESULTS**NAME:** OLSEN,JUSTIN,L **MR #:** 098870 **ACCESSION #:** MR-07-11436**DATE OF EXAM:** 20071029 **PHYSICIAN:** MOFFETT TYLER

***** FINAL REPORT *****

(PROCEDURE) AT 0855 HOURS**Diagnostic Report:****Diagnosis:**

MRI PITUITARY 10/29/2007

Indication: Pituitary adenoma.

Sagittal T1, axial T1, T2, FLAIR, diffusion weighted and ADC map sequences as well as a coronal T2 gradient echo sequence through the brain and thin section coronal T2 sequence through the pituitary were obtained without intravenous contrast. Thin section T1 pre- and postcontrast evaluation of the pituitary was also completed in the sagittal and coronal planes including a dynamic coronal postcontrast study. Comparison is made with preoperative study of 8/3/2007.

There has been interval transsphenoidal resection of the previously seen sellar mass without definite evidence of residual tumor.

Remaining pituitary tissue is situated mainly in the left aspect of the sella. The optic chiasm is unremarkable. The cavernous vascular structures are intact. There is no evidence of other intracranial abnormality. The brain before and after contrast administration otherwise appears normal. There is no evidence of acute ischemia. The mastoid regions and globes are within normal limits.

IMPRESSION:

Interval resection of previously described large sellar mass. No clear evidence of residual tumor. Followup is suggested as clinically indicated.

Accession Number: MR-07-11436

Ordered By: PHYS4339 Tyler Moffett, MD

Dictation Date/Time: 10/29/2007 10:06:20

Transcribed By: Claire Waite, MD at 10/29/2007 10:06:22

Signed By: 9155 Claire Waite, MD at 10/29/2007 10:09:53

EXHIBIT 10
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RESULTS

NAME: OLSEN,JUSTIN,L **MR #:** 098870 **ACCESSION #:** MR-07-08951

DATE OF EXAM: 20070803 **PHYSICIAN:** MCWILLIAMS RYAN MD

***** FINAL REPORT *****

(PROCEDURE) AT 1626 HOURS

Diagnostic Report:

Diagnosis:

MRI BRAIN 8/3/2007

Indication: New onset left-sided headaches.

Sagittal T1, axial T1, T2, proton density, FLAIR, diffusion weighted and ADC map sequences as well as a coronal T2 gradient echo sequence

through the brain were obtained without intravenous contrast. A thin section axial T1-weighted sequence was completed following intravenous gadolinium.

There is a large, well circumscribed mass in the pituitary sella measuring approximately 3.1 cm long by at least 1.6 cm AP x 2.9 cm transverse. This mass is mildly heterogeneous with tiny cystic spaces and demonstrates slight heterogeneous enhancement. Susceptibility artifact is seen on the gradient sequence suggestive of blood products. It is heterogeneously intermediate signal on T1-weighted imaging prior to contrast administration and intermediate signal on

T2-weighted imaging. There is extension of this mass into the right cavernous sinus with anterior and inferior displacement of the right carotid artery. There is significant superior mass effect on the optic chiasm slightly asymmetric to the left side. No other abnormalities are identified in the brain. The surrounding vascular structures otherwise appear normal. The paranasal sinuses, globes, optic nerves and mastoid regions are within normal limits.

IMPRESSION:

Large sellar mass as described extending into the right cavernous sinus and compressing the optic chiasm.

Accession Number: MR-07-08951

Ordered By: 01000 DOC 1TEMP,

Dictation Date/Time: 08/03/2007 18:11:39

Transcribed By: Claire Waite, MD at 08/03/2007 18:12:00

Signed By: 9155 Claire Waite, MD at 08/03/2007 18:25:23

EXHIBIT 10
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Addendum 8/6/2007: The above results were discussed with Dr.
McWilliams on 8/6/2007 at 3:30 p.m.
Accession Number: MR-07-08951

Ordered By: 01000 DOC 1TEMP,

Dictation Date/Time: 08/06/2007 15:28:39

Transcribed By: Claire Walte, MD at 08/06/2007 15:28:48

Signed By: 9155 Claire Walte, MD at 08/06/2007 15:29:21

EXHIBIT 10
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RESULTS

NAME: OLSEN,JUSTIN,L MR #: 098870 ACCESSION #: CT-08-04467

DATE OF EXAM: 20080313 PHYSICIAN: MOFFETT TYLER MD

***** FINAL REPORT *****

(PROCEDURE) AT 0643 HOURS

Diagnostic Report:

Diagnosis:

Study of the paranasal sinuses was performed on Siemens Sensation 64

MDCT.

No mucosal thickening, air cell opacification or air-fluid level formation is evident within the paranasal sinuses. A hyperdense calcification within the infundibulum of the left frontal sinus may relate to early osteoma formation measuring less than 4 mm in size.

The septum is midline in position.

Incidentally noted is expansion of the sella turcica with postoperative change described on previous MR report relating to the pituitary gland.

Also noted is gross deformation of the right mandibular component of the temporal mandibular joint. The ramus is foreshortened and there is marked flattening of the condylar head consistent with osteonecrosis.

Impression:

1. No acute sinus abnormality.
2. Postoperative change of the sella turcica
3. Right TMJ abnormality.

Accession Number: CT-08-04467

Ordered By: PHYS4339 Tyler Moffett, MD

Dictation Date/Time: 03/13/2008 08:21:29

Transcribed By: Audrey Mauer at 03/13/2008 09:53:44

Signed By: 942 Mark Burton, MD at 03/13/2008 09:55:14

EXHIBIT 10
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